



**COMPLAINT  
INVESTIGATION  
REPORT  
C-1**

**Code Enforcement**  
**Housing & Neighborhood Services**  
2965 Roosevelt St #B  
760-602-2703  
www.carlsbadca.gov

CV#: \_\_\_\_\_

**COMPLAINANT INFORMATION IS REQUIRED IN ORDER TO PROCESS AN INVESTIGATION**

Complainant \_\_\_\_\_ Today's Date: \_\_\_\_\_ Hm. Phone \_\_\_\_\_

Address \_\_\_\_\_ Wk. Phone \_\_\_\_\_

By \_\_\_\_\_ Date Received \_\_\_\_\_ Date Confirmed \_\_\_\_\_ Code Officer \_\_\_\_\_

Violation Address \_\_\_\_\_ A.P.N. \_\_\_\_\_

Tenant/ Violator \_\_\_\_\_ Phone \_\_\_\_\_

Owner/Violator \_\_\_\_\_ Phone \_\_\_\_\_

Owner Address \_\_\_\_\_

Owners Agent \_\_\_\_\_ Phone \_\_\_\_\_

Agent \_\_\_\_\_ Phone \_\_\_\_\_

Nature of Complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office use- VIOLATION TYPE - ICMA Code ☐ Housing ☐ Zoning ☐ Dangerous Bldgs. ☐ Nuisance ☐ Other

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Animals                                    | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Vehicle Abatement  | <input type="checkbox"/> Encampments                 |
| <input type="checkbox"/> Building                                   | <input type="checkbox"/> ROW / SIGNS     | <input type="checkbox"/> Vehicle Zoning     | <input type="checkbox"/> Expired Building Permit     |
| <input type="checkbox"/> Business License                           | <input type="checkbox"/> Noise           | <input type="checkbox"/> Zoning             | <input type="checkbox"/> Expired Building Plan Check |
| <input type="checkbox"/> Engineering/ROW                            | <input type="checkbox"/> Peddlers        | <input type="checkbox"/> Abandoned Property | <input type="checkbox"/> Newsracks                   |
| <input type="checkbox"/> Garbage & Junk                             | <input type="checkbox"/> Signs           | <input type="checkbox"/> Campaign Signs     | <input type="checkbox"/> Playground Equipment/ROW    |
| <input type="checkbox"/> IDEA (Inter-Department Enforcement Assist) |  |   |  |

Response \_\_\_\_\_

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